The MEDICAL MISSIONARY

Georg Kau

St. Elizabeth laying her crown at the foot of the Crucifix

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The MEDICAL MISSIONARY

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EDITORIAL

PRAYER, THE SWORD AND EXTINCTION

A MISSIONARY whose field of work is among Mohammedans and Buddhists must have a great belief in the power of grace, otherwise he will give it up as a hopeless task. But why should it be hopeless, is not faith a gift to you and to me? Why could it not be a gift to anyone? The mission intention for the month of November is the *Conversion of Mohammedans and Buddhists.* This certainly must put new hope in the laborers of these seemingly barren vineyards.

As the intensity and fervor of the supplication of our Readers may possibly be increased by knowing the main tenets of these two religions, it may be worth while mentioning them briefly.

Mohammedanism is not a *new* religion. Zwemer, in his book on Islam, says that Mohammed mixed old ingredients into a new panacea for humanity, sugar-coated it with an easy morality and forced it down by means of the sword. Every orthodox Mohammedan believes firmly in God, His Angels, His Book, His prophets, the day of judgment and predestination of good and evil. He stresses the unity of God, His mercy and omnipotence; yet to say that God is love is blasphemy to the educated and a riddle to the ignorant.

Their angels, of whom there are three kinds, angels, jinns and devils, enter into every-day life. Every individual has two recording angels, one for the good and one for the bad deeds. The place of the latter is supposed to be on the left side. Therefore, Mohammed enjoined his followers not to spit in front or to the right, but to the left. There are two black angels with blue eyes, Munkar and Nakir, who interrogate men after burial and who deal terrible blows to those who are not Moslems. Jinns or genii are either good or evil. The Arabian Nights give a good idea of their effect on life and morals. No devout Mohammedan doubts their existence nor that Solomon sealed some of them in brass bottles. The jinns are responsible for innumerable foolish and degrading superstitions.

The Mohammedans are taught that God sent one hundred and four sacred books to earth; among them are the Gospels and the Koran. The latter is smaller than the New Testament. To understand the Koran a commentary is required even by Moslems. From the literary standpoint it is noteworthy for the musical rhythm and cadence and some passages of lofty language. It contains laws of inheritance, retaliation, moral conduct, etc., and stories of Adam, the patriarchs, Jesus Christ, Aesop, Alexander the Great, etc. It is full of historical errors, superstitions, and teaches a false cosmogony. It perpetuates slavery, polygamy, divorce, religious intolerance, the seclusion and degradation of women and it petrifies social life. The Koran offers no belief in redemption and atonement by sacrifice, being in this respect inferior to the sacred books of ancient Egypt, China, and India. Mohammed is related to have said that there are 124,000 prophets and 315 apostles. The main prophets mentioned by name are Adam, Noah, Abraham, Moses, Jesus and Mohammed. The latter is believed to have existed before creation, to have been perfectly sinless and to be the only powerful intercessor on the day of judgment. His name is never uttered by his followers without adding a prayer. Yet according to history he did not scruple to break nearly every precept of the moral law to gain his own ends.

As they deny the Trinity, Our Lord is not considered as God. They believe that He was miraculously born of a Virgin, spoke while a baby in the cradle, performed many miracles of healing and was specially sent to confirm the Law and reveal the Gospel. He was strengthened by Gabriel (the holy spirit). He foretold another prophet whose name would be Mohammed. They believe that Jesus was by deception or substitution saved from crucifixion and taken to heaven, and that He is now in the inferior stages of celestial bliss; that He will come again on the last day, slay anti-Christ, kill all the pigs, break the Cross and remove the poll-tax from infidels. He will reign as a just Moslem king for forty-five years, marry and leave children, then die and be buried near Mohammed at Medina. The place of His future grave is already marked out between the graves of Omar and Fatimah.

Moslems believe in a literal resurrection of the body from a living principle which resides in the os sacrum. Forty days rain will bring it to new life at the time of resurrection. The souls of martyrs for the faith, however, take up their permanent abode in the crops of green birds, which eat of the fruit and drink of the rivers of paradise. This, according to Moslem ideas, is "a garden of delight with couches and ewers and a cup of flowing wine, their brows ache not from it, nor fails the sense." Much of what commentators say is not fit for translation. A peculiar combination of Mohammedan ideas and the Christian promise of heaven are expressed by Al Ghazzali, one of the greatest theologians of Islam, according to whom Mohammed said, "The believer in paradise will marry five hundred houris, four thousand virgins and eight thousand divorced women, things which eye saw not and which did not enter into the heart of man." The Moslem hell is a place of such terrors that Dante's Inferno is supposed to be a summer garden compared with it. It is exceedingly hot, its fuel are men and stones, its drink liquid pus, the clothes made of burning pitch, white serpents and scorpions sting the victims. Hell, however, is not eternal; from this liberal Moslems conclude that there will be infinite progress in the next life for both good and bad.

Predestination is the philosophy of Islam which tinges every phase of life. Most Moslem sects deny all free agency and say that man is necessarily constrained by the force of God's eternal and immutable decree to act as he does. God wills both good and evil. There is no escape from His decree. Islam *is* resignation. Fatalism has been the greatest factor in preventing progress.

Besides believing in the Koran, the observance of "the five duties" are obligatory for Moslems. Mohammed said, "A Moslem is one who is obedient to God's will, and who (1) bears witness that there is no god but God and Mohammed His apostle, (2) is steadfast in prayer, (3) gives legal alms, (4) fasts in the month of Ramazan, (5) makes a pilgrimage to Mecca

if he have the means. The chief duties of a pious Mohammedan are described in the so-called "Traditions." Forty thousand persons are said to have left traditions. Amongst other things, they mention that Mohammed said that the reciting of the creed, "There is no god but God and Mohammed is His apostle," is equal to the reward of freeing ten slaves, one hundred good deeds, one hundred sins blotted out and is a protection against the devil.

Five times a day the call to prayer rings out: before sunrise, at noon, two hours before sunset, at sunset, and again two hours afterwards. Morning prayers after sunrise are forbidden. There is something edifying and touching to see Mohammedans pray; the careful observance of the ritual, the earnestness and complete lack of human respect are impressive. Fasting also is carried out at the cost of great sacrifices. During the whole month of the Ramazan there is not only total abstinence from food and drink between sunrise and sunset, but also from bathing, smoking, taking snuff, smelling a flower and the use of medicine. This, however, they carry often to unreasonable extremes, as, for instance, in the case of sickness. Laborers, too, who fast are unable to do a day's work but expect full wages nevertheless. The prophet said, "He who forsakes the fast of the Ramazan becomes an infidel, whom to deprive of wealth and life, is lawful."

The legal alms may be given to the poor, the homeless, the tax collectors, slaves, debtors, those engaged in fighting for Islam and wayfaring travelers.

The pilgrimage to Mecca has proved one of the strongest bonds of union and has had a great missionary influence. Moslems themselves say that Mecca and Medina are sinkholes of iniquity and dens of robbers.

Among the duties incumbent on Islam is religious warfare: "Kill those who join other gods with God, wherever you shall find them." Mohammedanism was spread mainly by the sword. It is a strong missionary religion and continues to be spread by its Moulvies, who are teachers of the Koran, and also by wandering merchants. Mohammedanism has no priesthood. All its missionaries are lay people.

During my stay in India I had dealings with many Mohammedans, men and women. There is a certain vigor and uprightness about them which one admires. One gets the impression that they are better than their religion. The superiority of men over women is very much emphasized. The women, especially the more well to do, are strictly secluded, which makes their lives narrow and unhealthy. Their two great interests are their children (especially sons) and their jewels. On the whole, the women are very good-natured, extremely patient and enduring and really lovable. They rule in domestic matters and are more conservative than men in clinging to old rules and customs; to reach them and to gain their confidence is not easy; in fact, impossible for men and possible only for women with a sincere desire to help them. Medical Missions by women are recognized as the most welcome portals of entry and the most needed service.

Mohammedanism is the mightiest of non-Christian faiths. It has two hundred fifty millions of adherents and the crescent is raised from Arabia to three continents; everywhere it seems stirred to a new life. Its followers mean well, but are wrong in many things.

Buddhism also has spread its net far and wide over the Orient. "As we sow so we reap through endless ages," is the belief of Buddhists; good deeds have their inevitable reward; the bad, inevitable punishment. They have confidence in the absolute justice of the universe. They hold that all change and impermanence are evil, and therefore our changing existence is bad. Therefore their one desire is "Nirvana," which means extinction or loss of consciousness to some, eternal comfort to others.

Gautama Buddha left the Four Noble Truths. In the first he tries to show that all aspects of existence are suffering. In the second he aims to show that desire is the cause of suffering. In the third he teaches that continued re-birth may be prevented by killing the will to live, which is the source of all our ills. The method by which we may kill desire and the will to live is given in the Four Noble Truths, also called the Eightfold Path. This is a method of mental training, a system of life which, if carefully followed, will weed out worldly wishes and substitute the calm, self-possessed character of the man who is his own master and may laugh at fate, because he has learned to despise all the slings and stings of fortune. This is the Buddhist method of salvation; this was Buddha's great discovery. God and revelation do not enter his teachings. Millions of Buddhists are aiming at extinction; millions of Catholics are working for life eternal. Is it not strange that one takes one's gift of faith so placidly and so much as a matter of fact without any special and practical gratitude?

THERE IS SOMETHING IMPRESSIVE ABOUT MOHAMMEDANS AT PRAYER

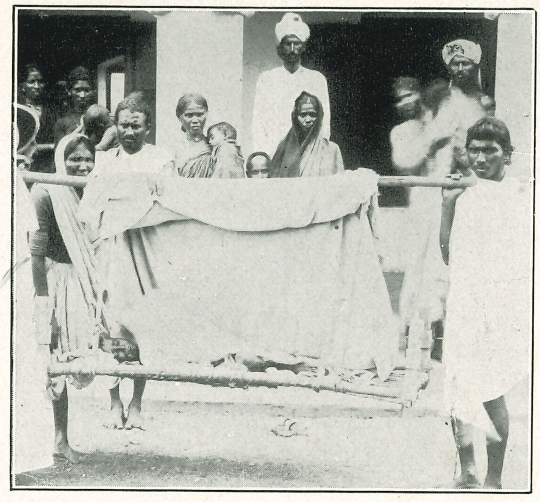
A CAMP DISPENSARY IN NORTHERN INDIA*

By J. F. MACKINTOSH

GOOD MORNING, Nurse, I hope you slept well your first night under canvas? Doubtless out of the sheaves of advice dispensed gratis by every relation and friend who had ever heard of anyone going to India, you made a selection, guided by your own common sense, and brought warm clothes for the cold weather. Yes, you did quite right to reject the counsel of the elderly cousin whose mother had been in Madras in the fifties; things move slowly in the East, but we have got on a bit since then.

Yes, it is a lovely morning, and the same remark will serve probably for every morning till some time in January, when, with any luck, we shall have a few showers, and then not till April, when we get a few more. After that the weather is passed over in silence as far as possible, the subject is too painful for mere words.

I fear you will find a camp dispensary, even with a fully qualified medical woman in charge, very different from the Out-patient Department in a hospital at home. There is an Indian nurse; she can make up stock mixtures and ointments and give them out; she can also do a dressing or carry out other treatments smartly and well. Yes, six yards of muslin wrapped round her head and shoulders do get in the way sometimes, but she would not think it modest to do with less, nor to have her skirt more than two inches off the ground. Take care you don't step on it.



A MISSION AMBULANCE

Those six chests with rows of tin bottles above and drawers below are specially planned for transport; a mule can take two, one on each side, the tents go on bullock carts, or where these can't go, on camels. There are four other large boxes, two or three small ones, and an expanding dressing case; in the bathroom annex at the back of the tent there is a stretcher on which patients can be placed for special examinations. The small table in front is where the doctor sits, and the one just behind on her right is for the stock mixtures and others frequently needed. You will notice few labels are legible, even when they are on. You see, they generally come off in the rains and our Bibi (native woman helper) has not had time to write new ones. You are right, doubtless the labels would last longer if the medicine were not invariably poured over them. Those paper packets contain powders. The Bibi knows the names and quantities but so far it has not been possible to convince her of the desirability of labeling them.

Yes, there is quite a good crowd of patients already, we average 50 or 60 a day. Women and children are seen free, but men have to pay. They have to supply their own bottles. No, we do not label the patients' bottles; a doctor tried it, but there was a marked tendency to throw away the remedy and piously lick her sacred handwriting instead, so now we content ourselves with giving the directions five or six times over, and we find it works fairly well.

No, little sister, I fear we must insist on a bottle for the medicine as well as the tin for the ointment; we might, as you suggest, put the ointment at the bottom and pour the medicine on the top, but though it is true, as you say, that you could drink off the four days supply tonight in order to get at the ointment, or fish up lumps with your finger, as required, I fear neither you nor the doctor would be satisfied with the results.

Yes, Nurse, the variety of the receptacles is remarkable, and you are quite right in supposing that it is not possible to exact a very high standard of cleanliness, but we do draw the line at dried up blacking bottles. In the cold weather we wrap ointment in leaves, but in hot weather we insist on a tin. Those old shoe paste tins (which I am sorry to see the Bibi is taking out of the division, which I hoped was sacred to prepared dressings) do very nicely.

That small girl with a long pigtail is a boy; when she (I mean he) is older it will be combed up to the top of his head and fastened there in a tight knot, and covered with a small cap and a large puggaree. He has an abscess behind his ear, but if you think you are going to cut off any of the hair in order to treat it you are wrong; he is a Sikh, and his mother says if his hair is cut off he can't possibly go to heaven. That big boy with a gangrenous hand has been here twice already, but he will not even consider amputation; he is a Mussalman, and can't go to heaven unless his limbs are complete, so we just go on dressing it and hope for the best. That mother has brought back the bottles of medicine she took away yesterday. She told the doctor her little boy wouldn't drink it unless it was sweet. He has malaria and his spleen reaches half way across his stomach, so the medicine is not likely to be a sweet one.

Please, ladies, sit down here at the back; the Doctor Mem-Sahib will see all in turn, but those who come early are seen first. Yes, I guessed you were Sayeds, but here all receive equal attention, even the poor sweeper boy, whose eye the doctor is treating at this moment, while those Hindoo ladies from the house of the rich Bunnia (Hindoo merchant) in the village wait, because they arrived just after him. That woman to whom directions have already been given by the doctor, by the compounder and by the chaprassi, has just stretched out her hand with the bottle of lotion between the doctor and the next patient, with a question "Am I to drink the *whole* of this tonight?"

Ah! the Sayed ladies have gone; you see they are lineal descendants of the Prophet and consequently expect to have not only front seats in Heaven but everywhere on earth as well, and they were not pleased at being told to wait while the humble folk (whose time is probably more valuable) are seen first.

I am sorry, Nurse, but we cannot allow you to wash your hands as often as instinct and training prompt you to do; you see that kerosene tin holds four gallons of water and it takes 10 minutes to carry it empty to the spring and 5 to fill it and 15 to carry it back full, and it would take longer still if Aquarius (the water carrier) were not such a surly, unsociable fellow. Now, if he were a cheery, conversable creature like the sweeper—

* With acknowledgments to "Nursing Notes," London.

but then, sweepers mayn't, musn't, can't, don't carry water tins, as you will realize when you have been here a little longer.

Yes, it does seem a large staff of servants to those of us who have earned our living and done our housework as well during the war, but we keep servants here not in order to do less, but more work, and one of the new things the European nurse has to learn is to utilize unskilled labor in order to save her time for the things which she alone can do, and not waste her energy on odd jobs when the right person to do it is squatting on his hunkers over a pipe just around the corner.

Certainly there should be more clean bandages, Nurse, the sweeper washes them daily and the Bibi rolls them.

DISPENSARY PATIENTS

Ah, there is a pile on that box. The Bibi is saying that she did not roll them today, because no order was given to that effect. Yes, it is surprising when you remember she was 10 years in hospital before she came to this dispensary and has rolled bandages here daily for 15 months, but our Indian sisters are often like that, not that this is a bad specimen of the class, far from it. Her morals are irreproachable, and I have already said she can carry out treatment well, neither does she steal drugs to sell, nor carry out illicit practices behind the doctor's back. She considers it a great grievance that she is not allowed to extract bakshish (tips) from the patients, but then she is convinced that the doctor herself makes money over every ounce of medicine she orders for the dispensary, and nothing will persuade her to the contrary, so she looks on the prohibition as pure tyranny. You must remember, too, that this roving life has for her none of the Joyous Adventure element; it is merely one of exceptional hardship and inconvenience accentuated at every move. Hitherto the doctor has unfortunately been unable to hit on any form of conveyance which the Bibi really likes. She hates walking, she complains that on the railway her fellow Indians won't let her into a carriage because she is a Christian. She dislikes tongas and despises ekkas, the doctor's motor makes her sick and a horse makes her back ache, and a bullock cart keeps her too long in the open air. The doctor has not yet despatched her by aeroplane, but is beginning to think it may be necessary.

Do not be alarmed, Nurse, that strange sound is not a pig in ecstasy over the prospect of its next meal, nor is it a cow in its last agony, nor is it a patient in the throes of violent and uncontrollable nausea; it is merely a Ship of the Desert on which that man with an ulcerated leg arrived, protesting in ordinary camelious fashion at being compelled to weigh anchor and resume its voyage. Don't go too near; there are no limits practically to the length to which its neck can stretch, and it can easily detach your clavicle and scapula and a mouthful of flesh from the humerus at one bite. Yes, it is quite true the famous poetess, Ann Taylor, described it as being "docile as a little child." I expect that by a rare flash of prophetic insight, the child she had in view was that young Mahommedan who is beating his mother, because his father, the chaprassi and the Bibi held him down while the doctor treated his eyes. That poor little girl on a charpoy came yesterday. She has been ill with fever for four months without any treatment, consequently her limbs are contracted and reduced to sticks. She ought to come every day for massage but her uncle (she is an orphan) is annoyed because the bottle of medicine given yesterday has not cured her, and will not bring her again. Don't be too horrified at the child who has just walked up to his mother and demanded nourishment; he is five, not two. She says they have plenty of cows, goats and buffaloes, but cannot spare any milk for him, as they keep it for sale.

Yes, it would be as well to drive the hens out; no camp can exist in India without them, and they ooze into the tent at every crack. That one may stop, she always lays her eggs under the stretcher, but we must draw the line at having them laid in the medicine chests. We burn the dressings on the chulha (little stove) outside and put the bandages straight into a kerosene tin, where they soak in lysol and soapy water until the sweeper washes them. No, I was quite sure it was not you who left that pile there. It is difficult to gauge the mentality of people who, while admitting that they are not defiled by removing a soiled dressing, believe that they would be putting it into its right place. That is sweeper's work, and most Indian hospital nurses and male attendants would leave piles of pus-laden rags on the floor of the ward or dispensary all day rather than dispose of them properly in the sweeper's absence. Moreover, it is frequently considered a grievance that European medical superintendents refuse to allow the sweeper, after an operation, to clean valuable and often intricate surgical instruments, whose loss or damage might be well nigh irretrievable. In short, dirt, instead of being an enemy to be fought scientifically, is merely a disagreeable but inevitable incident, to be put out of sight as quickly as possible, but by somebody else. So, of course, the poor things never learn to do dirty work in a clean and orderly fashion, nor do their work so as to leave as little as possible to clear up, as we do, and we must make allowances accordingly.

Now, let us come to breakfast. Happily it is still warm enough to have our meals in the open air, and the view from this side is charming.

What is the cause of the agonized look I see on your face? Oh, I see: it is only the cook dusting ashes off a plate with the old sock he generally uses for lifting hot saucepans. I admit that he ought not to do it, but he is in most respects extremely clean and careful: and, dear Nurse, if you are going to let little things like that take away your appetite, you had better in future sit with your back to the kitchen tent and chulha till you are more hardened. Now, if you had seen him use his toes for a toast rack, as a friend of mine saw her cook doing one day. . . . But it won't take long for you, too, to come under the spell and feel as so many of us do, that this exasperating, loveable, impossible, unreasonable and contradictory country has taken such a grip of your heart that you would only exchange it for Heaven itself.

MOHAMMEDAN WOMEN ON THEIR WAY TO THE DISPENSARY

THE SOCIETY AT HOME AND ABROAD

THE Annual Retreat was held the last week in September by Rev. C. Brooks, C.S.C., a distinguished missionary recently returned from India. We are very grateful to Father Brooks for having given us so much of his valuable time and such wealth of instruction.

On the 5th Anniversary of the foundation of the Society Sister M. Bernadette, R.N., and Sister M. Christine made their profession and took the Mission oath, by which the members of the Society promise to go to any mission field where they are sent by the Superior of the Society. Very Rev. Michael Mathis, C.S.C., our Ecclesiastical Superior, presided at the ceremony. Rev. John Delanney, C.S.C., gave the sermon in which he emphasized three necessary qualities of a Medical Mission Sister: kindness and gentleness in her ministration to the sick, a spirit of sacrifice necessary to give up home and country and take up a life of hardship and responsibility and a great devotion to her community as it is through this bond that the work is made possible.

Rt. Rev. Monsignor Thomas, the Archbishop's delegate for religious communities of women was also present.

Departure of Three Missionaries in the Near Future

The most important event of the coming months will no doubt be the departure of three missionaries. It is an important and much looked forward to event for every individual missionary and it is a step forward in the work of the Society, as it means that the work can be extended. Therefore it is real joy to be able to launch three more on the great venture of spreading God's kingdom and of doing their bit for those sick and suffering who come for help.

The three missionaries are Sister Margaret Mary Van Agtmael, R.N., a graduate of St. Lawrence Hospital, Muskegon, Mich.; Sister M. Bernadette Egg, R.N., a graduate of the Municipal Hospital of Innsbruck, Tyrol, Austria; and Sister M. Christine Riethmuller, from St. Louis, who is our first non-medical member. She is an expert housekeeper and will therefore be a great help to the household side of the Holy Family hospital in Rawalpindi. Our Sisters in India are already looking forward to the reinforcements.

From Washington to India is a big and alas an expensive step. The passage expenses of one missionary traveling in the most economical way are $600; multiplied by 3 it makes a considerable sum. If every reader of our Magazine would send a little Godspeed contribution, the problem would soon be solved. We assure every benefactor of our sincere gratitude and our prayers.

THIRD BAND OF MEDICAL MISSION SISTERS WHO EXPECT TO LEAVE FOR INDIA IN JANUARY

During the month of November, dedicated to the Holy Souls, the members of the Society will remember very specially the souls of our departed relatives, friends and benefactors.

NEWS FROM OUR MISSIONARIES

Dr. Finnigan writes on September 1:

. . . "Somebody presented us with a baby six months old; a real present he is, not a loan and we have already planned his future. He is to be baptised on the eighth and given the name of Joseph M. Stephen and 25 years hence we expect to be calling him Father Stephen. At present he has conjunctivities rather badly and what a certain friend of ours would call 'the trembling shivers.' It is some kind of convulsions on a mild scale. Yesterday three babies were born in the hospital, one white and two dark, one of the latter went to Heaven immediately."

Sister Therese:

"A little Mohammedan girl suffering from typhoid fever was brought in the other day; she was semi-conscious. Forty-eight hours after her arrival her relatives, poor village folk, came with the old story that someone at home had suddenly become ill and that they would have to leave the hospital. So home they went carrying the dying child with them in the middle of the day under a blazing sun. The reason of the departure was of course that the child did not show signs of improvement at once. Ignorance seems to be their greatest foe."

Sr. M. Laetitia:

"We are fine and flourishing, so is the work. . . . Father Goodall, C.S.C., is here from Ranikong for a few days. He always says Mass once in our chapel and gives us a little sermon. He is just as good and helpful as ever."

Editor's Note: Rev. F. Goodall, C.S.C., left for the Holy Cross Mission in Bengal four years ago. He was recently promoted to Vicar General. He was the first chaplain of our Society and gave a course of conferences on the religious life to the first members of the Society. His parents also presented us with our first car. We are very happy to know that Father Goodall's interest in our Society is as great as ever.

Extract from a letter of His Grace, Archbishop F. Legrand, C.S.C. (Dacca, Bengal):

"I thank you heartily for your good wishes and, of course, I send you my heartfelt blessings not only for you, but also for your much appreciated society; you are just the sort of nurse-Sisters so badly needed in India. The only drawback is your small number. But I know you are at the very beginning of a splendid work which is already grand as to its purpose and will soon grow as grand as to the number."

Address of Our Missionaries:

Holy Family Hospital, Rawalpindi, Punjab, India.

St. Michael's House, Sagoon Baghan, Dacca, Ramna Station, Bengal, India.

HEALTH VISITING IN INDIA

By Sister M. Helen Herb, R.N.

HEALTH visiting in India must be carried on somewhat differently from the methods used at home. Due to the extreme poverty, ignorance and superstitions of the poor classes and also to the seclusion of the women the work is very difficult at times and results are often not apparent. The City of Dacca, which is the field of our endeavors, is a city with a population of over 100,000. There are about 4,000 babies born here yearly and about 1,000 die under one year of age. This high rate of mortality seems appalling and at first one wonders why some drastic measures are not taken to lessen it but after working here for only a short time one realizes that only by long and persevering efforts can one hope to instill into the minds of these people some ideas of right living, proper food, cleanliness, sanitation, etc.

Visiting the Mothers and Babies in Their Homes

We hope some day to be able to visit regularly every one of the 4,000 or more babies here, especially those under one year of age, but at present due to the fact that we are just beginning and have only a limited staff we shall scarcely be able to take care of a thousand yearly. We visit the mothers and babies once monthly, instruct the mothers in the care and feeding of their babies, laying special emphasis on cleanliness and regularity of feeding. We also weigh the babies monthly. Weighing babies in India presents many difficulties. Some of the mothers cannot be induced to have their babies weighed as they are under the superstition that the baby will die or surely be very ill; sometimes after much persuasion the mother will give her consent. Then along comes a grandmother or mother-in-law with her hands thrown up in horror shouting vociferously, "Na, na, na!" which means a final *no* as I have found it quite useless to argue with a mother-in-law or grandmother. When going out on a baby-weighing tour, there is always a great tamasha, almost as soon as leaving the center a dozen or more children begin following me and while going from house to house the crowd increases, until it seems every child in the village is present, shouting and dancing about. The baby scales are a great curiosity to them and they are intensely interested in seeing the babies weighed and are more disappointed than I am when a mother refuses to have her baby weighed. Sometimes when visiting a house for the first time, the mother is frightened and will have nothing to do with us. Usually after two or three visits, she becomes friendly, brings her baby out for inspection and listens to advice. Needless to say, the advice is not always followed but we hope that by repeated visits we shall gradually be able to impress upon the mothers right methods of caring for their babies.

SISTER M. LAETITIA, R.N., AND SISTER M. HELEN, R.N., MAKING FRIENDS WITH GARO GIRLS

The Sewing Classes

At present we have sewing classes one afternoon each week at both centers and we expect to start more classes in various sections of the city. Up to the present we have only been able to get a certain caste of Hindu women to come to the centers—they are of low castes, cobblers' wives. The higher caste women will not come and none of the Mohammedan women will come but they have promised to come to a house in their own section where the class will be held. The cobblers' wives have been coming to Narindia Center for about six weeks and almost every mother in the village has made one or two dresses for her baby. None of them had ever sewed before but they learned very quickly and the little dresses are fairly well made. The mothers are so proud of their work and so happy when they have finished a dress. They admire bright colors very much, so we buy pretty shades of pink gingham for them to sew on.

During the riots they were afraid to come to the Center, so I went to their village instead. They all live in mud huts, and I expected to be obliged to cut out dresses on the mud floor as they have no furnishings except a few cooking pots and mats to sleep on. However, a pleasant surprise awaited me. I was conducted to the temple verandah and presented with a table and chair which I am certain they had borrowed for the occasion. The entire village, men, women, and children, crowded around me and when finally the mothers were seated on the floor, I gave out dresses until the supply of cloth was exhausted and promised the disappointed mothers dresses the next time. Some of the husbands also wanted to sew and asked for materials. I told them that the classes were only for the women but three of them were very ambitious. They sat down beside their wives and both sewed on the same dress. It was very amusing to see them.

It is very gratifying to see how interested the women are in making clothes for their babies and how anxious they are to learn. They take great pride in dressing up their children and beautify even the babies of a day old by stenciling their eye brows and putting red color on their cheeks. The Indian mother of the lower castes has no interests outside her family as she seldom leaves her home. She has had no educational advantages, can neither read nor write, and her life is spent in cooking and caring for her family. She loves her babies and finds much pleasure in caring for them, but through fear, ignorance and superstition she suffers many unnecessary hardships. We hope that by helping these poor women, nursing them in illness and instructing them, we shall to some degree be able to lighten their burden of suffering.

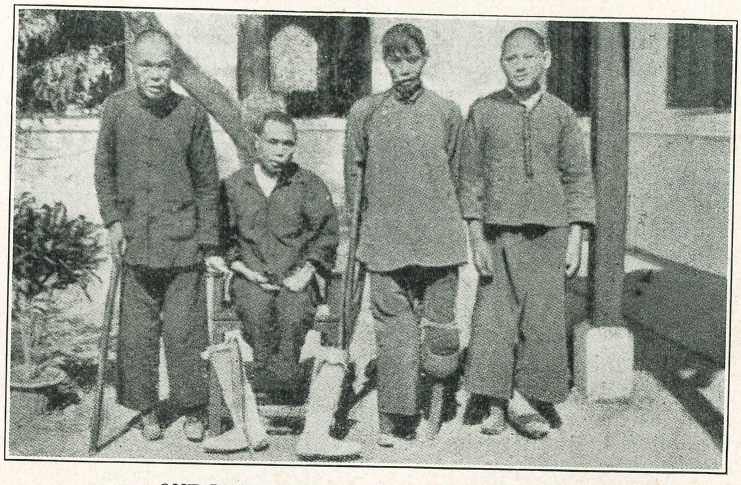
For Washington Subscribers:

Mrs. Elmer Reinoehl, R.N., will hold classes to teach the making of surgical dressings for the Missions at Nazareth Social Service center, 200 Eye Street, every second and fourth Friday of the month at 8 p. m.

PATRONS OF OUR SOCIETY

ST. ELIZABETH, FEAST NOVEMBER 19

IN OUR day and age one is shocked and surprised to hear of betrothals of infants and children and one is apt to forget that in such things for instance, India is not unique but only a few hundred years behind the times. In former centuries it was customary in other countries also. In the life of St. Elizabeth, who was born in 1207 as the daughter of a Hungarian king, we read that her parents betrothed her at the age of five and sent her to her future home, where she and her fiancé grew up as brother and sister. Already in her childhood her piety, charity and mortification were remarkable. She was very fond of dancing but limited herself to one dance at each entertainment. She had a great love for Our Lady and also the Evangelist St. John. She never refused a request addressed to her in the name of the "virgin disciple."



ONE LEG BETWEEN THE FOUR OF THEM

Three of these are suffering from anaesthetic leprosy and have undergone double amputation of the leg below the knee, as some years ago the new treatment which has done so much to rob leprosy of its awfulness was unknown. All except the patient sitting, who is a victim of chronic malaria, are active as teachers and handy men. Such were St. Elizabeth's favorites. There are still two millions of lepers in the world; therefore plenty of scope to imitate her example. From "Leprosy—The Dawn of a New Era"

At the age of nine, when the father of Elizabeth's fiancé died, the joys of her childhood were marred. His widow did not like her and made her suffer very much, but Elizabeth bore all with humility and patience. On one occasion when they went together beautifully dressed and adorned with crowns on their heads to the church of Eisenach in the vicinity of which their castle was situated, Elizabeth at the sight of the crucifix took her crown and laid it at the foot of the crucifix. The princess was very annoyed at this, but in order not to create a sensation, she and her daughter had to follow the example. They considered that she was more fitted for a nun than a wife, and tried to dissuade the young prince from marrying her. But he loved her, admired her virtue and insisted on the marriage. The ceremony was carried out with much pomp. The bridgegroom was 18 and the bride 13 years of age. Elizabeth filled her social position well. She took part in the festivities of the court and always was joyful and happy. Under her costly garments she wore a hairshirt and often rose hungry from banquets. She was not only a most devoted mother to her children, but also to the many sick and poor of the surrounding country. She built a hospital for them on the hill near the castle and one also at the foot of the hill for the old and infirm. Daily she tended the sick with her own hands. The lepers were her favorites on whom she bestowed the most tender personal care.

Elizabeth joined the Third Order which had been recently established by St. Francis who sent his spiritual daughter his old mantle. She always wore it when she asked God a special favor.

In the year 1227 Prince Ludwig, Elizabeth's husband, resolved to take part in the Crusade to rescue the Holy Land from the infidels. She accompanied him as far as possible. As they were very devoted to each other, the farewell was very painful. Prince Ludwig never reached the Holy Land. He contracted a fever in Italy and died there. On hearing the news, Elizabeth exclaimed, "Now the world is dead to me." She was twenty years of age at this time. When others enjoy freedom from care, the privilege of youth, she was a mother of four children, a widow and dependent on public charity, as her brother-in-law expelled her from the castle. She even had to make the sacrifice most painful to a mother, that of separating herself from her children to preserve them from starvation.

After some time a castle was offered to her again, but she refused it, contenting herself with a humble little house. Her favorite occupation was to nurse the sick, preferably the most repugnant and the most difficult.

When only twenty-four years old, she was called to her reward. Her last words were, "Mary help me. The moment has come when the Almighty calls His friends to the wedding feast; the bridegroom is coming for the bride." Joyfully and peacefully she rendered her soul to God on November 17, 1231. In a short span of time Elizabeth achieved much. She not only fulfilled the duties of her state well, but she spent her free time and means to serve God in the poor and the suffering. She is venerated by many, especially those who devote themselves to the care of the sick.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

The Society of Catholic Medical Missionaries was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore. It is a religious community whose purpose is to help the sick—no disease or condition being excepted—in foreign mission countries. The Society now conducts a hospital for women and children in the Punjab, and two maternity and child-welfare centers in Bengal, India.

There is need and great scope for those who wish to devote themselves to the suffering in the vineyard of foreign missions, the requests to undertake other Medical Missions in India, also in China and Africa being numerous.

Words of the Holy Father to our Missionaries:

"It is my great desire to have and to foster public interest in Medical Missions."

One way of carrying out the Holy Father's wish is by spreading "The Medical Missionary." Subscription, $1 a year. Address: Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.